

Transfer of Funds - ACH DEPOSIT

Please do not provide any card information on this form. Forms containing debit card numbers will not be processed and will be destroyed for your protection. Customer service professionals can be reached by calling the number on the back of your debit card (Monday - Friday from 8 a.m. to 8 p.m. Eastern time) if you have any questions while completing this form.

035 CO HSA

1 Information Required for Transfer of Funds

Account Holder Name:	Account # to CREDIT:
Group Id #:	Name of Bank to Debit:
Amount of Transaction:	External Bank Account Number* to DEBIT:
Bank Routing Number:	External Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings

*The information on the external account must match Optum Bank account ownership.

2 Account Holder Authorization

I authorize Optum Bank to initiate and adjust electronic transactions from the bank account named above ("Bank Account Number to DEBIT") to my Optum Bank account named above. Such transactions are made through regional automated clearing house ("ACH") associations, and are subject to the operating rules and regulations of the National Automated Clearinghouse Association ("NACHA"). I understand that I may revoke this authorization by giving at least sixty (60) days written notice of cancellation to Optum Bank at the address listed below, and that the revocation will not apply to transactions initiated prior to the Bank's receipt of the notice, or to any adjustments to previous transactions. I represent that I am the owner of the account named above and that I have the legal right to provide this authorization.



 Account Holder Signature

 Date

Thank you for allowing us to serve you.

Where to return your form?

By Mail: Optum Bank, P.O. Box 271629, Salt Lake City, UT 84127
 By Fax: 1-866-314-9795